



WAIT LIST FORM (Session : _____)

APPLICANT'S DETAIL

Class for which admission is sought _____

Name (In block letters).....

Date of birth (DD/MM/YYYY)..... Gender

Name and address of the last school attended.....

Does the child have any special educational needs? Yes No

If yes, give details

Home Address

Phone No. Distance of school from residence (in km).....

MOTHER'S DETAILS

Name (in block letters).....

Place of birth Mother tongue.....

Qualification..... Profession

Work organization Designation

If an alumni of Cambridge School, Please indicate Yes No Years of Passing

Mobile No. Email-id

FATHER'S DETAILS

Name (in block letters).....

Place of birth Mother tongue.....

Qualification..... Profession

Work organization Designation

If an alumni of Cambridge School, Please indicate Yes No Years of Passing

Mobile No. Email-id

Family Information

How many children do you have ? _____. Please give details in order of birth

S. No.	Name of the Child	Date of Birth	Gender	School / College	Class

Signatures :

Father Mother Date